

United States Bankruptcy Court for the:

District of South Carolina

Case number (if known): _____

Chapter you are filing under:

- ☒ Chapter 7
☐ Chapter 11
☐ Chapter 12
☐ Chapter 13

☐ Check if this is an
amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

06/22

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. **Debtor's name** Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental

2. **All other names debtor used in the last 8 years**

Include any assumed names, trade names, and *doing business as* names

3. **Debtor's federal Employer Identification Number (EIN)** 30-0008454

4. **Debtor's address**

Principal place of business

Mailing address, if different from principal place of business

308 79th Avenue North

Number Street

Number Street

P.O. Box

Myrtle Beach SC 29572

City State ZIP Code

City State ZIP Code

Location of principal assets, if different from principal place of business

Horry County

County

Number Street

City State ZIP Code

5. **Debtor's website (URL)** granddunesdental.com

6. **Type of debtor**

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental Case number (if known)

7. Describe debtor's business

A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☐ None of the above

B. Check all that apply:

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.naics.com/search/>.
621210

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- ☒ Chapter 7
☐ Chapter 9
☐ Chapter 11. Check all that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,024,725. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, and it chooses to proceed under Subchapter V of Chapter 11. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

☒ No

☐ Yes. District When Case number
MM / DD / YYYY
District When Case number
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

☐ No

☒ Yes. Debtor Steven Edward Lanham Relationship 100% owner
District South Carolina When 10/18/2023
MM / DD / YYYY
Case number, if known

List all cases. If more than 1, attach a separate list.

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental Case number (if known)

Name

11. Why is the case filed in *this district*?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- ☐ It needs to be physically secured or protected from the weather.
- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- ☐ Other _____

Where is the property?

Number Street

City State ZIP Code

Is the property insured?

- ☐ No
- ☐ Yes. Insurance agency _____
- Contact name _____
- Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- ☒ 1-49 ☐ 1,000-5,000 ☐ 25,001-50,000
- ☐ 50-99 ☐ 5,001-10,000 ☐ 50,001-100,000
- ☐ 100-199 ☐ 10,001-25,000 ☐ More than 100,000
- ☐ 200-999

15. Estimated assets

- ☐ \$0-\$50,000 ☐ \$1,000,001-\$10 million ☐ \$500,000,001-\$1 billion
- ☐ \$50,001-\$100,000 ☐ \$10,000,001-\$50 million ☐ \$1,000,000,001-\$10 billion
- ☐ \$100,001-\$500,000 ☐ \$50,000,001-\$100 million ☐ \$10,000,000,001-\$50 billion
- ☒ \$500,001-\$1 million ☐ \$100,000,001-\$500 million ☐ More than \$50 billion

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental
Name

Case number (if known)

16. Estimated liabilities

- | | | |
|---|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input checked="" type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/18/2023
MM / DD / YYYY

X /s/ Steven E. Lanham
Signature of authorized representative of debtor

Steven E. Lanham
Printed name

Title Owner

18. Signature of attorney

X /s/ Christine E. Brimm
Signature of attorney for debtor

Date 10/18/2023
MM / DD / YYYY

Christine E. Brimm
Printed name

Barton Brimm, PA
Firm name

1500 Highway 17 Business North Suite 214

Surfside Beach SC 29575-5142
City State ZIP Code

8032566582 cbrimm@bartonbrimm.com
Contact phone Email address

SC 6569 / FED 6313 SC
Bar number State

Fill in this information to identify the case:

Debtor name Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental
United States Bankruptcy Court for the: District of South Carolina
(State)
Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*

\$ 0.00

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*

\$ 756,529.92

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*

\$ 756,529.92

Part 2: Summary of Liabilities

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*

\$ 332,456.93

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 6a of *Schedule E/F*

\$ 0.00

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 6b of *Schedule E/F*

+\$ 574,316.63

4. **Total liabilities**
Lines 2 + 3a + 3b

\$ 906,773.56

Fill in this information to identify the case:Debtor name Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes DentalUnited States Bankruptcy Court for the: District of South Carolina

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets — Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****2. Cash on hand**\$ 0.00**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. TD Bank #1824 - Steven E. Lanham, DDS, PAChecking1 8 2 4\$ 25,652.71

3.2. _____

\$ _____

4. Other cash equivalents (Identify all)

4.1. _____

\$ _____

4.2. _____

\$ _____

5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$ 25,652.71**Part 2: Deposits and prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1. _____

\$ _____

7.2. _____

\$ _____

Debtor

Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes
Name

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Case number (if known)

8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent

Description, including name of holder of prepayment

8.1. _____ \$ _____

8.2. _____ \$ _____

9. Total of Part 2.

Add lines 7 through 8. Copy the total to line 81.

\$ _____

Part 3: Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.**Current value of debtor's interest****11. Accounts receivable**11a. 90 days old or less: $\frac{0.00}{\text{face amount}} - \frac{0.00}{\text{doubtful or uncollectible accounts}} = \dots \rightarrow$ \$ 0.0011b. Over 90 days old: $\frac{123,876.21}{\text{face amount}} - \frac{0.00}{\text{doubtful or uncollectible accounts}} = \dots \rightarrow$ \$ 123,876.21**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$ 123,876.21

Part 4: Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.**Valuation method used for current value****Current value of debtor's interest****14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1. _____ \$ _____

14.2. _____ \$ _____

15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture

Name of entity:

% of ownership:

15.1. _____ % _____ \$ _____

15.2. _____ % _____ \$ _____

16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1

Describe:

16.1. _____ \$ _____

16.2. _____ \$ _____

17. Total of Part 4

Add lines 14 through 16. Copy the total to line 83.

\$ _____

Debtor

Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental

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Case number (if known)

Name

Part 5: Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**

- ☒ No. Go to Part 6.
- ☐ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. Raw materials				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
20. Work in progress				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
21. Finished goods, including goods held for resale				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
22. Other inventory or supplies				
_____	MM / DD / YYYY	\$ _____	_____	\$ _____
23. Total of Part 5				\$ _____
Add lines 19 through 22. Copy the total to line 84.				

24. Is any of the property listed in Part 5 perishable?

- ☐ No
- ☐ Yes

25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?

- ☐ No
- ☐ Yes. Book value _____ Valuation method _____ Current value _____

26. Has any of the property listed in Part 5 been appraised by a professional within the last year?

- ☐ No
- ☐ Yes

Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
28. Crops—either planted or harvested			
_____	\$ _____	_____	\$ _____
29. Farm animals <i>Examples:</i> Livestock, poultry, farm-raised fish			
_____	\$ _____	_____	\$ _____
30. Farm machinery and equipment (Other than titled motor vehicles)			
_____	\$ _____	_____	\$ _____
31. Farm and fishing supplies, chemicals, and feed			
_____	\$ _____	_____	\$ _____
32. Other farming and fishing-related property not already listed in Part 6			
_____	\$ _____	_____	\$ _____

Debtor

Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental

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Case number (if known)

Name

33. **Total of Part 6.**

Add lines 28 through 32. Copy the total to line 85.

\$ _____

34. **Is the debtor a member of an agricultural cooperative?**☐ No☐ Yes. Is any of the debtor's property stored at the cooperative?☐ No☐ Yes35. **Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?**☐ No☐ Yes. Book value \$ _____ Valuation method _____ Current value \$ _____36. **Is a depreciation schedule available for any of the property listed in Part 6?**☐ No☐ Yes37. **Has any of the property listed in Part 6 been appraised by a professional within the last year?**☐ No☐ Yes**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. Office furniture	\$ _____	_____	\$ _____
40. Office fixtures	\$ _____	_____	\$ _____
41. Office equipment, including all computer equipment and communication systems equipment and software computer equipment	\$ _____	_____	\$ Unknown
42. Collectibles <i>Examples:</i> Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles			
42.1 _____	\$ _____	_____	\$ _____
42.2 _____	\$ _____	_____	\$ _____
42.3 _____	\$ _____	_____	\$ _____

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$ 0.00

44. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☒ No☐ Yes

Debtor

Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental

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Case number (if known)

Name

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes. Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1 _____	\$ _____	_____	\$ _____
47.2 _____	\$ _____	_____	\$ _____
47.3 _____	\$ _____	_____	\$ _____
47.4 _____	\$ _____	_____	\$ _____
48. Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels			
48.1 _____	\$ _____	_____	\$ _____
48.2 _____	\$ _____	_____	\$ _____
49. Aircraft and accessories			
49.1 _____	\$ _____	_____	\$ _____
49.2 _____	\$ _____	_____	\$ _____
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment) See continuation sheet			
	\$ 0.00	_____	\$ 607,000.00
51. Total of Part 8. Add lines 47 through 50. Copy the total to line 87.			\$ 607,000.00

52. Is a depreciation schedule available for any of the property listed in Part 8?

- ☒ No
- ☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

Debtor

Name

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Case number (if known)

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
- ☒ Yes. Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest

Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1 308 79th Ave. N., Myrtle Beach, SC 29572. Lease is in the name of Debtor's principal.	Leasehold through debtor's principal	\$ _____	_____	Unknown \$ _____
55.2		\$ _____	_____	\$ _____
55.3		\$ _____	_____	\$ _____
56. Total of Part 9. Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.				0.00 \$ _____
57. Is a depreciation schedule available for any of the property listed in Part 9? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				
58. Has any of the property listed in Part 9 been appraised by a professional within the last year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes				

Part 10: Intangibles and intellectual property**59. Does the debtor have any interests in intangibles or intellectual property?**

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets	\$ _____	_____	\$ _____
61. Internet domain names and websites granddunesdental.com	\$ _____	_____	Unknown \$ _____
62. Licenses, franchises, and royalties	\$ _____	_____	\$ _____
63. Customer lists, mailing lists, or other compilations patient health records (joint owned with Principal)	\$ _____	_____	1.00 \$ _____
64. Other intangibles, or intellectual property	\$ _____	_____	\$ _____
65. Goodwill	\$ _____	_____	\$ _____
66. Total of Part 10. Add lines 60 through 65. Copy the total to line 89.			1.00 \$ _____

Debtor

Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental

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Case number (if known)

Name

67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
☐ Yes

68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
☐ Yes

69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
☒ Yes. Fill in the information below.

**Current value of
debtor's interest**

71. Notes receivable

Description (include name of obligor)

_____ — _____ = ➔ \$ _____
Total face amount doubtful or uncollectible amount

72. Tax refunds and unused net operating losses (NOLs)

Description (for example, federal, state, local)

_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____
_____	Tax year _____	\$ _____

73. Interests in insurance policies or annuities

Hartford Insurance- General Liability , Contents, and Workers Com

\$ Unknown

74. Causes of action against third parties (whether or not a lawsuit has been filed)

Nature of claim

Amount requested \$ _____

\$ _____

75. Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims

Nature of claim

Amount requested \$ _____

\$ _____

76. Trusts, equitable or future interests in property

\$ _____

77. Other property of any kind not already listed Examples: Season tickets, country club membership

\$ _____

\$ _____

78. Total of Part 11.

Add lines 71 through 77. Copy the total to line 90.

\$ 0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

- ☒ No
☐ Yes

Debtor

Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental

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Case number (if known)

Name

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1.</i>	\$ 25,652.71	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$ 0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$ 123,876.21	
83. Investments. <i>Copy line 17, Part 4.</i>	\$ 0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$ 0.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$ 0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$ 0.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$ 607,000.00	
88. Real property. <i>Copy line 56, Part 9.</i> ➔		\$ 0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$ 1.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$ 0.00	
91. Total. Add lines 80 through 90 for each column. 91a.	\$ 756,529.92	+ 91b. \$ 0.00
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92. 756,529.92		\$ 756,529.92

Debtor 1

Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental

First Name

Middle Name

Last Name

Case number (if known)

Continuation Sheet for Official Form 206 A/B

50) Other machinery, fixtures, and equipment (excluding farm machinery and equipment)

Dental equipment purchased From Patterson (owned by Principal, used by debtor)	24,000.00
FF&E purchased by debtor's principal from Grand Dunes Assoc.	375,000.00
iTuro Scanner (owned by debtor's principal, used by debtor)	35,000.00
Ultradent Laser	8,000.00
Shein equipment	150,000.00
Misc. Dental Supplies	15,000.00



iTero Element® Intraoral Scanner Purchase Contract

iTero Element® Intraoral Scanner System Options

Pricing under this Agreement is only for the Customer named above.

Direct or third party financing: EPT (12 month installment)

Promotion Code Applied:

Promotion Code Applied:

Price List:

Product	Quantity	Subscription(s) Plan	List Price
iTero Element 5D Plus Lite US Cart configuration	1.00	1 Year	45,000.00
iTero Processing Fee	1.00	1 Year	250.00
Discounted Amount :			10,000.00
Promotion Code Adjusted Amount :			0.00
Total Purchase Price : Not including applicable tax			\$35,250.00

Service Plan Fee after Initial term:

Please select the Billing Option for Subscription Plan, listed above.

Monthly <input checked="" type="checkbox"/>	Annual : Annual is 12 x Monthly
First Scanner	\$360
Additional Scanner	\$180

These prices are included in the Total Purchase Price. Billing will begin automatically based on the payment information selected above..

Service Schedule can be found online at www.itero.com/rpa_na

Customer Initials:

SL

DocuSign Envelope ID: 47E45ACC-20AA-4331-AF04-466236F4DD5F



STEVEN E LANHAM DDS PA
DBA - GRAND DUNES DENTAL
308 79TH AVE N
MYRTLE BEACH SC 29572-4304
US

Customer #: 0201066977

Patterson Dental Supply, Inc.
400 ARBOR LAKE DR STE A100
COLUMBIA SC 29223-4541
US

Telephone: 803-754-8754
Representative: Jeffrey Floyd

INVOICE

Order #	Pack Slip #	Invoice #
0620310224	8024508255	3025371254

Ship Date: May 1, 2023 6:39:48 AM
Invoice Date: May 2, 2023
Customer P.O.:
Shipped From:
Patterson Logistics Services, Inc.
1401 TRADEPORT DR
JACKSONVILLE FL 32218-2486
US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount	Tax
70889642	7.000	7.000	EA	NSK	C1052002	FX25 LOWSPEED HPC 1:1 PUSH BUTTON Serial # A2291740 Serial # A22X0224 Serial # A22X0240 Serial # A22X0230 Serial # A2291603 Serial # A22X0238 Serial # A22Z1862	\$ 489.00	\$ 3423.00	T
70889659	3.000	3.000	EA	NSK	H1014002	FX65 LOWSPEED HPC HP Serial # B2310781 Serial # B2310787 Serial # B2292935	\$ 448.99	\$ 1346.97	T
71382662	4.000	2.000	EA	PATTER	2000119	KAVO MULTIFLEX LED COUPLER 6-HOLE Backordered	\$ 299.69	\$ 599.38	T
70433417	4.000	4.000	EA	NSK	C1034001	TI-MAX Z95L CONTRA ANGLE Serial # E2291302 Serial # E2291304	\$ 1595.96	\$ 6383.84	T

We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA/state law transaction statements, info and history documents available to you by TraceLink. Enter https://app.tracelink.com/login into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected electronically.

Terms of Payment
Due Date 15th-US cycle bill

DocuSign Envelope ID: 47E45ACC-20AA-4331-AF04-466236F4DD5F



PATTERSON[®]
DENTAL

STEVEN E LANHAM DDS PA
DBA - GRAND DUNES DENTAL
308 79TH AVE N
MYRTLE BEACH SC 29572-4304
US

Customer #: 0201066977

P O L D B Y

Patterson Dental Supply, Inc.
400 ARBOR LAKE DR STE A100
COLUMBIA SC 29223-4541
US

Telephone: 803-754-8754
Representative: Jeffrey Floyd

INVOICE

Order #	Pack Slip #	Invoice #
0620310224	8024508255	3025371254

Ship Date: May 1, 2023 6:39:48 AM
Invoice Date: May 2, 2023
Customer P.O.:
Shipped From:
Patterson Logistics Services, Inc.
1401 TRADEPORT DR
JACKSONVILLE FL 32218-2486
US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
70889642	1	0	EA	NSK	C1052002	Serial # E2291308 Serial # E2291307 FX25 LOWSPEED HPC 1:1 PUSH BUTTON Shipped from Blythewood Dental FC		
70889659	1	0	EA	NSK	H1014002	FX65 LOWSPEED HPC HP Shipped from Blythewood Dental FC		
Total	18	16						
Sub Total							3.00 %	\$ 11753.19
Local Tax							6.00 %	\$ 352.91
State Tax								\$ 705.83
Shipping and Handling								\$ 10.60
Total								\$ 12822.53

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Terms of Payment
Due Date 15th-US cycle bill

Page 2 of 2



**PATTERSON[®]
DENTAL**

STEVEN E LANHAM DDS PA
DBA - GRAND DUNES DENTAL
308 79TH AVEN
MYRTLE BEACH SC 29572-4304
US

Customer #: 0201066977

Patterson Dental Supply, Inc.
400 ARBOR LAKE DR STE A100
COLUMBIA SC 29223-4541
US

Telephone: 803-754-8754
Representative: Jeffrey Floyd

INVOICE

Order #	Pack Slip #	Invoice #
0620310224	8024508310	3025365713

Ship Date: May 1, 2023 6:03:43 PM
 Invoice Date: May 1, 2023
 Customer P.O.:
 Shipped From:
 Patterson Logistics Services, Inc.
 925 CAROLINA PINES BLVD STE B
 BLYTHEWOOD SC 29016-7926
 US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
70889642	1.000	1.000	EA	NSK	C1052002	FX25 LOWSPEED HPC 1:1 PUSH BUTTON Serial # A2291929	\$ 489.00	\$ 489.00
70889659	1.000	1.000	EA	NSK	H1014002	FX65 LOWSPEED HPC HP Serial # B2293181	\$ 448.99	\$ 448.99
<p>We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA state law transaction statements, info and history documents available to you by TraceLink. Enter https://app.tracelink.com/login into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected electronically.</p>							<p>Sub Total</p> <p>Local Tax</p> <p>State Tax</p> <p>Shipping and Handling</p>	
<p>Terms of Payment</p> <p>Due Date 15th-US cycle bill</p>							<p>\$ 937.99</p> <p>\$ 28.17</p> <p>\$ 56.33</p> <p>\$ 0.85</p>	
<p>Total</p>							<p>\$ 1023.34</p>	

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STEVEN E LANHAM DDS PA
DBA - GRAND DUNES DENTAL
308 79TH AVE N
MYRTLE BEACH SC 29572-4304
US

Customer #: 0201066977

Patterson Dental Supply, Inc.
400 ARBOR LAKE DR STE A100
COLUMBIA SC 29223-4541
US

Telephone: 803-754-8754
Representative: Jeffrey Floyd

INVOICE

Order #	Pack Slip #	Invoice #
0620304935	8024481400	3025332261

Ship Date: Apr 28, 2023 11:56:31 AM
Invoice Date: Apr 28, 2023
Customer P.O.:
Shipped From:
Patterson Logistics Services, Inc.
1004 CORNERSTONE DR
MOUNT JOY PA 17552-9419
US

Product #	Ordered	Shipped	Unit	Vendor	Description	Unit Price	Amount
70373209	8.000	8.000	EA	KAVOHP	EXPERTORQUE LUX E679 L	\$ 1199.96	\$ 9599.68
					Serial # 1023162		
					Serial # 1023169		
					Serial # 1023220		
					Serial # 1023253		
					Serial # 1023175		
					Serial # 1023176		
					Serial # 10231761023158		
					Serial # 1023226		
Total	8	8					\$ 9599.68
Sub Total							\$ 9599.68
Local Tax							3.00 %
Slate Tax							6.00 %
Shipping and Handling							\$ 575.98
Discount							\$ 11.99-
Total							\$ 10463.65

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Terms of Payment
Due Date 15th-US cycle bill



iTero Element® Intraoral Scanner Purchase Contract

iTero Element® Intraoral Scanner System Options

Pricing under this Agreement is only for the Customer named above.

Direct or third party financing: EPT (12 month installment)

Promotion Code Applied:

Promotion Code Applied:

Price List:

Product	Quantity	Subscription(s) Plan	List Price
iTero Element 5D Plus Lite US Cart configuration	1.00	1 Year	45,000.00
iTero Processing Fee	1.00	1 Year	250.00
Discounted Amount :			10,000.00
Promotion Code Adjusted Amount :			0.00
Total Purchase Price : Not including applicable tax			\$35,250.00

Service Plan Fee after Initial term:

Please select the Billing Option for Subscription Plan, listed above.

Monthly x	Annual : Annual is 12 x Monthly
First Scanner	\$360
Additional Scanner	\$180

These prices are included in the Total Purchase Price. Billing will begin automatically based on the payment information selected above..

Service Schedule can be found online at www.itero.com/rpa_na

Customer Initials:

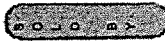
SL

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STEVEN E LANHAM DDS PA
DBA - GRAND DUNES DENTAL
308 79TH AVEN N
MYRTLE BEACH SC 29572-4304
US

Customer #: 0201066977



Patterson Dental Supply, Inc.
400 ARBOR LAKE DR STE A100
COLUMBIA SC 29223-4541
US

Telephone: 803-754-8754
Representative: Jeffrey Floyd

INVOICE

Order #	Pack Slip #	Invoice #
0620310224	8024508255	3025371254

Ship Date: May 1, 2023 6:39:48 AM
Invoice Date: May 2, 2023
Customer P.O.:
Shipped From:
Patterson Logistics Services, Inc.
1401 TRADEPORT DR
JACKSONVILLE FL 32218-2486
US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount	T
70899642	7.000	7.000	EA	NSK	C1052002	FX25 LOWSPEED HPC 1:1 PUSH BUTTON Serial # A2291740 Serial # A22X0224 Serial # A22X0240 Serial # A22X0230 Serial # A2291603 Serial # A22X0238 Serial # A22Z1862	\$ 489.00	\$ 3423.00	T
70899659	3.000	3.000	EA	NSK	H1014002	FX65 LOWSPEED HPC HP Serial # B2310781 Serial # B2310787 Serial # B2292935	\$ 448.99	\$ 1346.97	T
71382662	4.000	2.000	EA	PATTER	2000119	KAVO MULTIFLEX LED COUPLER 6-HOLE Backordered	\$ 299.69	\$ 599.38	T
70433417	4.000	4.000	EA	NSK	C1034001	TI-MAX Z95L CONTRA ANGLE Serial # E2291302 Serial # E2291304	\$ 1595.96	\$ 6383.84	T

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Terms of Payment
Due Date 15th-US cycle bill

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PATTERSON[®]
DENTAL

STEVEN E LANHAM DDS PA
DBA - GRAND DUNES DENTAL
308 79TH AVE N
MYRTLE BEACH SC 29572-4304
US

Customer #: 0201065977

Patterson Dental Supply, Inc.
400 ARBOR LAKE DR STE A100
COLUMBIA SC 29223-4541
US

Telephone: 803-754-8754
Representative: Jeffrey Floyd

INVOICE

Order #	Pack Slip #	Invoice #
0620310224	8024508255	3025371254

Ship Date: May 1, 2023 6:39:48 AM
Invoice Date: May 2, 2023
Customer P.O.:
Shipped From:
Patterson Logistics Services, Inc.
1401 TRADEPORT DR
JACKSONVILLE FL 32218-2486
US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount
70889642	1	0	EA	NSK	C1052002	Serial # E2291308 Serial # E2291307 FX25 LOWSPEED HPC 1:1 PUSH BUTTON Shipped from Blythwood Dental FC		
70889659	1	0	EA	NSK	H1014002	FX65 LOWSPEED HPC HP Shipped from Blythwood Dental FC		
Total	18	16						
Sub Total \$ 11753.19 Local Tax 3.00 % \$ 352.91 State Tax 6.00 % \$ 705.83 Shipping and Handling \$ 10.60								\$ 12822.53

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Due Date 15th-US cycle bill

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**PATTERSON
DENTAL**

STEVEN E LANHAM DDS PA
DBA - GRAND DUNES DENTAL
308 79TH AVE N
MYRTLE BEACH SC 29572-4304
US

Customer #: 0201066977



Patterson Dental Supply, Inc.
400 ARBOR LAKE DR STE A100
COLUMBIA SC 29223-4541
US

Telephone: 803-754-8754
Representative: Jeffrey Floyd

INVOICE

Order #	Pack Slip #	Invoice #
0620310224	8024508310	3025365713

Ship Date: May 1, 2023 6:03:43 PM
Invoice Date: May 1, 2023
Customer P.O.:
Shipped From:
Patterson Logistics Services, Inc.
925 CAROLINA PINES BLVD STE B
BLYTHEWOOD SC 29016-7926
US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount	Tax
70889642	1,000	1,000	EA	NSK	C1052002	FX25 LOWSPEED HPC 1:1 PUSH BUTTON Serial # A2291929	\$ 489.00	\$ 489.00	T
70889659	1,000	1,000	EA	NSK	H1014002	FX65 LOWSPEED HPC HP Serial # B2293181	\$ 448.99	\$ 448.99	T
Total	2	2						\$ 937.99	
Sub Total								\$ 937.99	
Local Tax								3.00 %	
State Tax								6.00 %	
Shipping and Handling								\$ 0.85	
Total								\$ 1023.34	

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Terms of Payment
Due Date 15th-US cycle bill

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STEVEN E LANHAM DDS PA
DBA - GRAND DUNES DENTAL
308 79TH AVE N
MYRTLE BEACH SC 29572-4304
US

Customer #: 0201066977

Patterson Dental Supply, Inc.
400 ARBOR LAKE DR STE A100
COLUMBIA SC 29223-4541
US

Telephone: 803-754-8754
Representative: Jeffrey Floyd

INVOICE

Order #	Pack Slip #	Invoice #
0620304935	8024481400	3025332261

Ship Date: Apr 28, 2023 11:56:31 AM
Invoice Date: Apr 28, 2023
Customer P.O.:
Shipped From:
Patterson Logistics Services, Inc.
1004 CORNERSTONE DR
MOUNT JOY PA 17552-9419
US

Product #	Ordered	Shipped	Unit	Vendor	Vendor #	Description	Unit Price	Amount	T
70373209	8.000	8.000	EA	KAVOHP	1.006.9200	EXPERTORQUE LUX E679 L	\$ 1199.96	\$ 9599.68	T
						Serial # 1023162			
						Serial # 1023169			
						Serial # 1023220			
						Serial # 1023253			
						Serial # 1023175			
						Serial # 1023176			
						Serial # 10231761023158			
						Serial # 1023226			
Total	8	8							
We continue to implement special measures to ensure continuity of supply. ALL SALES OF INFECTION CONTROL ITEMS ARE FINAL AND NOT RETURNABLE. Customer may be obligated under federal law to disclose information from this invoice to Medicare, Medicaid, or similar state, federal or private payers for payment or review if any prices for products provided herein are subject to or reflect credits, rebates, discounts, or other price reductions. Patterson has made DSCSA state law transaction statements, info and history documents available to you by TraceLink. Enter https://app.tracelink.com/login into your web browser, to access this info. A one-time registration is required. Manual checks may be converted and collected electronically.							Sub Total	\$ 9599.68	
							Local Tax	3.00 %	\$ 287.99
							State Tax	6.00 %	\$ 575.98
							Shipping and Handling		\$ 11.99
							Discount	\$ 11.99-	
							Total	\$ 10463.65	

Terms of Payment
Due Date 15th-US cycle bill



SUPPLEMENTAL DESCRIPTION OF EQUIPMENT

Please fax completed and signed Supplemental Description of Equipment to 1-201-770-4799
Questions or need assistance? Call 1-866-551-8795

Agreement Number: 42306486
Customer Name: STEVEN E. LANHAM, DDS, P.A.
Customer Address: 308 79TH AVE. NORTH, MYRTLE BEACH, SC 29572

This Addendum is attached to and made part of the Agreement (the "Agreement") referenced above.

Supplier Name: Henry Schein Inc.
Supplier Address: 135 Duryea Road, Melville, NY 11747

Equipment Description

Serial Number

- (1) 1, SONICWALL TZ 470
- (2) 1, INSTALLATION
- (3) 10, DELL OPTIPLEX 7000
- (4) 10, DELL MONITOR 24" WITH ALL IN ONE STAND
- (5) 10, WHITE DESKTOP SPEAKER
- (6) 2, SOPIX2 SIZE 2
- (7) 1, SOPIX2 SIZE 1
- (8) 2, SOPRO CARE, DETECTION CAMERA
- (9) 1, X-MIND PRIME 3D CBCT
- (10) 2, NEWTRON PS XS
- (11) 2, AIR-N-GO EASY MIDWEST
- (12) 1, LEASEHOLD IMPROVEMENTS
- (13) 2, SERIES 5 CHAIR
- (14) 2, SWG MT AUTO DTL UNIT & LT
- (15) 2, REAR ASST PKG, 4 POS, CHR TP
- (16) 2, SYS MT SER5 LED LIGHT, GY
- (17) 2, OPT NLZE MTR INTGRD TP
- (18) 2, DOCTORS STOOL
- (19) 2, ASSISTANTS STOOL
- (20) 1, SERIES 5 LED LIGHT
- (21) 1, STERILIZER M11
- (22) 1, QCK CLN ULSNC
- (23) 1, I CARE C2 TYPE MAINTENANCE UNIT
- (24) 1, TI-MAX Z900KL
- (25) 1, STATIM G4 5000
- (26) 1, TRIOS 4 WIRELESS MOVE+
- (27) 1, 1040 SET. SEWN PLUS
- (28) 1, MOJAVE DSM V5

STEVEN E. LANHAM, DDS, P.A. and ONEVIEW FINANCE must sign below to confirm, accept and make binding this Addendum to the Agreement.

STEVEN E. LANHAM, DDS, P.A.
Designated by:
Customer
X Steven Lanham
F03C3732C905420...
By Steven Lanham
Print Name
owner/dentist
Title
12/29/2022
Date

ONEVIEW FINANCE
Designated by:
Chiary Martinez
20938F2F4B08483...
By Chiary Martinez
Print name
Account Manager
Title 12/31/2022
Date For Official Use Only



OV Equipment Agreement w/D&A - V19 03292021

1/3/2023

STEVEN E. LANHAM, DDS, P.A.
308 79TH AVE. NORTH
MYRTLE BEACH, SC, 29572
Phone:(803) 260-5665

Re: Contract Number: 42306486

Dear DR. STEVEN LANHAM,
ONEVIEW FINANCE has funded and closed the financing transaction regarding the above referenced contract.

We have learned that the agreement between the parties fails to conform to certain facts or otherwise contains the obvious error(s) concerning the subject(s) noted below.

Our records have been corrected accordingly to reflect the following:

- The correct equipment description of:
 - 1, SONICWALL TZ 470
 - 1, INSTALLATION
 - 13, DELL OPTIPLEX 7000
 - 10, DELL MONITOR 24" WITH ALL IN ONE STAND
 - 2, SOPIX2 SIZE 2
 - 1, SOPIX2 SIZE 1
 - 2, SOPRO CARE, DETECTION CAMERA
 - 1, X-MIND PRIME 3D CBCT
 - 2, NEWTRON PS XS
 - 2, AIR-N-GO EASY MIDWEST
 - 1, LEASEHOLD IMPROVEMENTS
 - 2, SERIES 5 CHAIR
 - 2, SWG MT AUTO DTL UNIT & LT
 - 2, REAR ASST PKG, 4 POS, CHR TP
 - 2, SYS MT SER5 LED LIGHT, GY
 - 2, OPT NLZE MTR INTGRD TP
 - 2, DOCTORS STOOL
 - 2, ASSISTANTS STOOL
 - 1, SERIES 5 LED LIGHT
 - 1, STERILIZER M11
 - 1, QCK CLN ULSNC
 - 1, I CARE C2 TYPE MAINTENANCE UNIT
 - 1, STATIM G4 5000
 - 1, TRIOS 4 WIRELESS MOVE+
 - 1, 1040 SET. SEWN PLUS
 - 1, MOJAVE DSM V5
 - 1, POWEREDGE T150
 - 1, LASER
 - 2, BROTHER LASER JET PRINTER
 - 1, SAMSUNG 65"
 - 6, SAMSUNG TV 32"
 - 14, 23.8" MONITOR
 - 10, DESKTOP SPEAKER

Kindly keep a copy of this letter for your records.

Sincerely,
ONEVIEW FINANCE
Representative

Transaction Modification Letter – PL V1 02142012

Date: 1/12/23
Time: 15:10

Page: 1

ORDER PACKING SLIP / PROOF OF DELIVERY

SHIPPED FROM:
HSD-WEST COLUMBIA, SC
4330 Matthews Indian Trail Rd.
Indian Trail NC 28079CUSTOMER INFORMATION:
Customer #: 4233584
Order #: EQ22123000126
ESS Ref: Daniel PatrickSHIP TO:
Steve Lanham
308 79Th Ave N
Myrtle Beach SC 29572
(843) 449-7011

DELIVERY CONTACT:

()-

ADDITIONAL SHIPPING INFORMATION:

Line	Staging Warehouse	Item Code	Description	Vendor	MFG Code	Qty Shipped	Tag #	Serial #
1	SCCOL	1382160	Statim G4 5000	COLTENE WHALEDENT INC	G4-201103	1	221208000968	510922K00243
2	SCCOL	6982546	Mojave DSM V5	AIR TECHNIQUES INC	V5M	1	220329000147	MM500-22030073
3	SCCOL	8200332	TRIOS 4 Wireless MOVE+	3SHAPE INC	22003165	1	221230000952	2733386546
4	SCCOL	3878405	Sterilizer, Steam, M11, 115v	MIDMARK CORPORATIO N	M11-040	1	221230000901	V2540320
5	SCCOL	7860267	iCare C2 Type Maintenance Unit	NSK AMERICA CORP.	Y1002796	1		

Please sign and date to verify Delivery:

Delivered By: David Hardie Date: 1/12/2023

DocuSigned by:

Received By: Steve Lanham Date: 1/15/2023Print Name: David HardiePrint Name: Steve Lanham

Fill in this information to identify the case:

Debtor name Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes DentalUnited States Bankruptcy Court for the: District of South Carolina

Case number (if known): _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
2.1 Creditor's name <u>Grand Dunes Dental Associates, PA</u> Creditor's mailing address <u>c/o Ken Corbett</u> <u>405 79th Avenue North, Myrtle Beach, SC</u> Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor, <div style="border: 1px solid black; height: 30px; width: 250px; margin-top: 5px;"></div>	Describe debtor's property that is subject to a lien <u>FF&E purchased by debtor's principal from Grand Dunes Assoc.</u> Describe the lien <u>UCC Filed</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$ 300,000.00</u>
2.2 Creditor's name <u>Patterson Dental Supply, Inc.</u> Creditor's mailing address <u>400 Arbor Lake Drive</u> <u>Suite A100, Columbia, SC 29223</u> Creditor's email address, if known Date debt was incurred _____ Last 4 digits of account number _____ Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. <div style="border: 1px solid black; height: 30px; width: 250px; margin-top: 5px;"></div> <input type="checkbox"/> Yes. The relative priority of creditors is specified on lines _____	Describe debtor's property that is subject to a lien <u>Dental equipment purchased From Patterson (owned by Principal, used by debtor)</u> Describe the lien <u>UCC Filed</u> Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H). As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	<u>\$32,456.93</u>
3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.	<u>\$ 332,456.93</u>	

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

[illegible]

Fill in this information to identify the case:

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental

United States Bankruptcy Court for the: District of South Carolina

Case number _____
(If known)

☐ Check if this is an amended filing

Official Form 206E/F**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.**2.1** Priority creditor's name and mailing address
1099 Dentists - TBD - WILL AMENDAs of the petition filing date, the claim is: \$ Undetermined

Priority amount \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:
Wages, Salaries, Commissions

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
- ☐ Yes

2.2 Priority creditor's name and mailing address
Employees - TBD - WILL AMENDAs of the petition filing date, the claim is: \$ Undetermined

Priority amount \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:
Wages, Salaries, Commissions

Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (4)

Is the claim subject to offset?

- ☒ No
- ☐ Yes

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____

Priority amount \$ _____

Check all that apply.

- ☐ Contingent
- ☐ Unliquidated
- ☐ Disputed

Basis for the claim:Date or dates debt was incurred

Last 4 digits of account number _____

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (_____)

Is the claim subject to offset?

- ☐ No
- ☐ Yes

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	Nonpriority creditor's name and mailing address Absolute Dental Lab Box 51819 Durham, NC, 27717 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 8,167.00
3.2	Nonpriority creditor's name and mailing address Align Technologies, Inc. 2820 Orchard Parkway San Jose, CA, 95134 Date or dates debt was incurred <u>3/29/2023</u> Last 4 digits of account number <u>4789</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Itero Dental Scanner Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 32,250.00
3.3	Nonpriority creditor's name and mailing address Atlanta Dental Supply P.O. Box 896023 Charlotte, NC, 28289-6023 Date or dates debt was incurred _____ Last 4 digits of account number <u>5628</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 1,973.38
3.4	Nonpriority creditor's name and mailing address Banker's Healthcare Group 10234 W. State Road 84 Fort Lauderdale, FL, 33324 Date or dates debt was incurred _____ Last 4 digits of account number <u>6720</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: start up capital Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 139,870.00
3.5	Nonpriority creditor's name and mailing address Benco Dental 295 Centerpoint Blvd. P.O. Box 491 Pittston, PA, 18640-4091 Date or dates debt was incurred _____ Last 4 digits of account number <u>8324</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ 2,482.50
3.6	Nonpriority creditor's name and mailing address Corvos, LLC 505 Fox Hollow Road Murrells Inlet, SC, 29576 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes \$ Unknown

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ⁷	Nonpriority creditor's name and mailing address Henry Schein 135 Duryea Road Melville, NY, 11747-8824	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,474.00
	Date or dates debt was incurred _____ Last 4 digits of account number <u>3583</u>	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁸	Nonpriority creditor's name and mailing address Implant Direct 62176 Collective Center Drive Chicago, IL, 60693-0621	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,625.00
	Date or dates debt was incurred _____ Last 4 digits of account number <u>8585</u>	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ⁹	Nonpriority creditor's name and mailing address NDX Green 1099 Wilburn Road Heber Springs, AR, 72543	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 1,396.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁰	Nonpriority creditor's name and mailing address New Hope Dental 4400 Stuart Andrew Blvd. Suite J Charlotte, NC, 28217	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 6,459.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹¹	Nonpriority creditor's name and mailing address Oneview Finance P.O. Box 911608 Denver, CO, 80291-1608	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 350,000.00
	Date or dates debt was incurred _____ Last 4 digits of account number <u>6486</u>	Basis for the claim: dental equipment computers Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3. ¹²	Nonpriority creditor's name and mailing address Remote Technology Services 888 Waterton Ave. Myrtle Beach, SC, 29579	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 10,750.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹³	Nonpriority creditor's name and mailing address Roche Head & Assoc, PLLC 310 79th Av. North Myrtle Beach, SC, 29572	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ Unknown
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁴	Nonpriority creditor's name and mailing address Ultradent Products P.O. Box 952648 Saint Louis, MO, 63195	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 5,069.75
	Date or dates debt was incurred _____ Last 4 digits of account number 2267	Basis for the claim: Myrtle Beach Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. ¹⁵	Nonpriority creditor's name and mailing address Westbrook Dental Lab 3309 Essex Drive Suite 100 Richardson, TX, 75082	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ 3,800.00
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3. _____	Nonpriority creditor's name and mailing address	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$ _____
	Date or dates debt was incurred _____ Last 4 digits of account number _____	Basis for the claim: Is the claim subject to offset? <input type="checkbox"/> No <input type="checkbox"/> Yes	

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.****Total of claim amounts**5a. **Total claims from Part 1**

5a. \$ 0.00

5b. **Total claims from Part 2**

5b. + \$ 574,316.63

5c. **Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

5c. \$ 574,316.63

Fill in this information to identify the case:

Debtor name Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental

United States Bankruptcy Court for the: District of South Carolina

Case number (if known): _____ Chapter 7

☐ Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.2

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.3

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.4

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

2.5

State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

Fill in this information to identify the case:Debtor name Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes DentalUnited States Bankruptcy Court for the: District of South Carolina

Case number (If known): _____

☐ Check if this is an amended filing**Official Form 206H****Schedule H: Codebtors****12/15****Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.****1. Does the debtor have any codebtors?**☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the code debtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1 Steven E. Lanham	4787 Wild Iris Drive Unit 103 Myrtle Beach, SC 29577	Henry Schein	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.2 Steven E. Lanham	4787 Wild Iris Drive Unit 103 Myrtle Beach, SC 29577	Implant Direct	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.3 Steven E. Lanham	4787 Wild Iris Drive Unit 103 Myrtle Beach, SC 29577	Ultradent Products	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.4 Steven E. Lanham	4787 Wild Iris Drive Unit 103 Myrtle Beach, SC 29577	Grand Dunes Dental Assc	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.5 Steven E. Lanham	4787 Wild Iris Drive Unit 103 Myrtle Beach, SC 29577	Patterson Dental Supply, I	<input checked="" type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.6 Steven E. Lanham	4787 Wild Iris Drive Unit 103 Myrtle Beach, SC 29577	Banker's Healthcare Grou	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G

Debtor

Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental
Name

Case number (if known)

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.7 Steven E. Lanham	4787 Wild Iris Drive Unit 103 Myrtle Beach, SC 29577	Oneview Finance	<input type="checkbox"/> D <input checked="" type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G
2.____			<input type="checkbox"/> D <input type="checkbox"/> E/F <input type="checkbox"/> G

Fill in this information to identify the case:

Debtor name Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental
 United States Bankruptcy Court for the: District of South Carolina
 Case number (If known): _____

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue
Check all that apply

Gross revenue
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2023 to Filing date
MM / DD / YYYY

☒ Operating a business
☐ Other

\$ 483,271.00

For prior year:

From 01/01/2022 to 12/31/2022
MM / DD / YYYY

☒ Operating a business
☐ Other

\$ 0.00

For the year before that:

From 01/01/2021 to 12/31/2021
MM / DD / YYYY

☒ Operating a business
☐ Other

\$ 0.00

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

Description of sources of revenue

Gross revenue from each source
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From _____ to Filing date
MM / DD / YYYY

_____ \$ _____

For prior year:

From _____ to _____
MM / DD / YYYY

_____ \$ _____

For the year before that:

From _____ to _____
MM / DD / YYYY

_____ \$ _____

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental
Name

Case number (if known)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/23 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. Corvos, LLC Creditor's name 505 Fox Hollow Road Murrells Inlet, SC 29576		\$ 15,650.00	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input checked="" type="checkbox"/> Other
3.2. Creditor's name		\$	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other

4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
4.1. Steven E. Lanham Insider's name	7/10/23	\$ 9,469.00	Dr. Lanham transferred \$10k of his SS to business account on 7/3/23; then pd his life ins \$9,469 on 7/10/23 from bus acct. Lanham treated bus acct as personal from time to time.
Relationship to debtor 100% owner			
4.2. Kathy Teague Insider's name 4787 Wild Iris Drive Unit 103 Myrtle Beach, SC 29577	12/03/22	\$ 27,500.00	Reimbursement for short-term loan for the purchase of the practice. The loan terms were that she would be reimbursed when the BHG loan was funded.
Relationship to debtor spouse			

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental
Name

Case number (if known)

5. Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

	Creditor's name and address	Description of the property	Date	Value of property
5.1.	 Creditor's name			\$
5.2.	 Creditor's name			\$

6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
 Creditor's name			\$
Last 4 digits of account number: XXXX-			

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☒ None

	Case title	Nature of case	Court or agency's name and address	Status of case
7.1.	 Case number			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2.	 Case number			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental Case number (if known) _____
Name _____

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
_____	_____	\$ _____
Custodian's name	Case title	Court name and address
_____	_____	_____
Case number	Name	_____
_____	Date of order or assignment	_____
_____	_____	_____

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
9.1. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	_____
_____	_____	_____	_____
9.2. _____	_____	_____	\$ _____
Recipient's name	_____	_____	\$ _____
Recipient's relationship to debtor	_____	_____	_____
_____	_____	_____	_____

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Date of loss	Value of property lost
_____	If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received. List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property). _____	_____	\$ _____

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental
Name

Case number (if known)

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.1.	Barton Brimm	This was paid by debtor and originally applied to Principal's bankruptcy fee account; on 9/29/23 it was transferred from the Principal's fee account to be applied to the business's bankruptcy fees.	7/25/23	\$ 3,588.00
	Address SC			

Email or website address

Who made the payment, if not debtor?

	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
11.2.	Barton Brimm	Remainder of attorney fee and filing fee balance, paid by debtor.	09/29/2023	\$ 3,250.00
	Address SC			

Email or website address

Who made the payment, if not debtor?

12. Self-settled trusts of which the debtor is a beneficiary

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.
Do not include transfers already listed on this statement.

☒ None

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
			\$
Trustee			

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental
Name

Case number (if known)

13. Transfers not already listed on this statement

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

Who received transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			
13.2. _____		_____	\$ _____
Address _____			
Relationship to debtor _____			

Part 7: Previous Locations

14. Previous addresses

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy	
	From	To
14.1. _____	_____	_____
14.2. _____	_____	_____

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental Case number (if known) _____
Name

Part 8: Health Care Bankruptcies

15. Health Care bankruptcies

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

- ☐ No. Go to Part 9.
☒ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.1. Grand Dunes Dental
Facility name

dental practice

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Debtor's location

Check all that apply:

- ☒ Electronically
☒ Paper

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

15.2. _____
Facility name

Location where patient records are maintained (if different from facility address). If electronic, identify any service provider.

How are records kept?

Check all that apply:

- ☐ Electronically
☐ Paper

Part 9: Personally Identifiable Information

16. Does the debtor collect and retain personally identifiable information of customers?

- ☐ No.
☒ Yes. State the nature of the information collected and retained. patient health records

Does the debtor have a privacy policy about that information?

- ☐ No
☒ Yes

17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?

- ☒ No. Go to Part 10.
Yes. Does the debtor serve as plan administrator?

- ☐ No. Go to Part 10.
☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
--------------	--

_____ EIN: _____

Has the plan been terminated?

- ☐ No
☐ Yes

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental
Name

Case number (if known)

Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

18. Closed financial accounts

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

	Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	Name	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$
18.2.	Name	XXXX-	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other		\$

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name			<input type="checkbox"/> No <input type="checkbox"/> Yes
Address			

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
Name			<input type="checkbox"/> No <input type="checkbox"/> Yes
Address			

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental Case number (if known)

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☐ None

Owner's name and address	Location of the property	Description of the property	Value
Steven E. Lanham Name		Some of the personal property used in the dental practice is owned by Dr. Lanham.	\$ Unknown

Part 12: Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

Report all notices, releases, and proceedings known, regardless of when they occurred.

22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No
- ☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
			<input type="checkbox"/> Pending
Case number	Name		<input type="checkbox"/> On appeal
			<input type="checkbox"/> Concluded

23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?

- ☒ No
- ☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental
Name

Case number (if known)

24. Has the debtor notified any governmental unit of any release of hazardous material?

- ☒ No
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
Name	Name		

Part 13: Details About the Debtor's Business or Connections to Any Business

25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. Name		EIN: _____ Dates business existed From _____ To _____
25.2. Name		EIN: _____ Dates business existed From _____ To _____
25.3. Name		EIN: _____ Dates business existed From _____ To _____

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental Case number (if known)

Name

26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☐ None

Name and address	Dates of service
26a.1. Karen Roche , CPA ; Jennifer Sullivan CPA Name 310 79th Ave. North, Myrtle Beach, SC 29572	From _____ To _____

Name and address	Dates of service
26a.2. _____ Name	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. _____ Name	From _____ To _____

Name and address	Dates of service
26b.2. _____ Name	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☐ None

Name and address	If any books of account and records are unavailable, explain why
26c.1. Steven E. Lanham Name	

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental Case number (if known)

Name

Name and address

If any books of account and records are unavailable, explain why

26c.2.

Name

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

Name and address

26d.1.

Name

Name and address

26d.2.

Name

27. Inventories

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory

**Date of
inventory**

**The dollar amount and basis (cost, market, or
other basis) of each inventory**

\$ _____

Name and address of the person who has possession of inventory records

27.1.

Name

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental Case number (if known) _____
Name

Name of the person who supervised the taking of the inventory

Date of inventory

The dollar amount and basis (cost, market, or other basis) of each inventory

\$ _____

Name and address of the person who has possession of inventory records

27.2.

Name

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
Steven E. Lanham			

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No

☐ Yes. Identify below.

Name	Address	Position and nature of any interest	Period during which position or interest was held
			_____ To _____
			_____ To _____
			_____ To _____
			_____ To _____

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No

☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1. Steven E. Lanham Name	45,000.00	_____	ESTIMATED. Lanham personal/household expenses pd from bus acct, in lieu of draw: alimony; wife health ins; misc personal/household expenditures
Relationship to debtor		_____	
100% owner		_____	

Debtor Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental Case number (if known)

30.2	Name and address of recipient	8,000.00	03/15/23	2 checks in amount of \$4000 each were given to spouse. Payments were comp/draw for Dr Lanham, but written to Kathy for convenience for joint household
	Name Kathy Teague 4787 Wild Iris Drive Unit 103 Myrtle Beach, SC 29577		06/02/23	
	Relationship to debtor spouse			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No
☐ Yes. Identify below.

Name of the parent corporation	Employer Identification number of the parent corporation
	EIN:

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No
☐ Yes. Identify below.

Name of the pension fund	Employer Identification number of the pension fund
	EIN:

Part 14: Signature and Declaration

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/18/2023
MM / DD / YYYY

X /s/ Steven E. Lanham Printed name Steven E. Lanham
Signature of individual signing on behalf of the debtor
Position or relationship to debtor Owner

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☒ No
☐ Yes

Fill in this information to identify the case and this filing:

Debtor Name Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental
United States Bankruptcy Court for the: District of South Carolina
Case number (If known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature


I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 10/18/2023
MM / DD / YYYY

 /s/ Steven E. Lanham
Signature of individual signing on behalf of debtor

Steven E. Lanham
Printed name

Owner
Position or relationship to debtor

United States Bankruptcy Court

IN RE:

Case No. _____

Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental

Chapter 7

LIST OF EQUITY SECURITY HOLDERS

Registered name and last known address of security holder	Shares (Or Percentage)	Security Class (or kind of interest)
---	---------------------------	---

United States Bankruptcy Court
District of South Carolina

In re: Steven E. Lanham, DDS, P.A. d/b/a Grand
Dunes Dental

Case No.

Chapter 7

Debtor(s)

Verification of Creditor Matrix

The above-named Debtor(s) hereby verify that the attached list of creditors is true and correct to the best of their knowledge.

Date: 10/18/2023

/s/ Steven E. Lanham

Signature of Individual signing on behalf of debtor

Owner

Position or relationship to debtor

1099 Dentists - TBD - WILL AMEND

Absolute Dental Lab
Box 51819
Durham, NC 27717

Align Technologies, Inc.
2820 Orchard Parkway
San Jose, CA 95134

Atlanta Dental Supply
P.O. Box 896023
Charlotte, NC 28289-6023

Banker's Healthcare Group
10234 W. State Road 84
Fort Lauderdale, FL 33324

Benco Dental
295 Centerpoint Blvd.
P.O. Box 491
Pittston, PA 18640-4091

Corvos, LLC
505 Fox Hollow Road
Murrells Inlet, SC 29576

Grand Dunes Dental Associates, PA
c/o Ken Corbett
405 79th Avenue North
Myrtle Beach, SC 29572

Henry Schein
135 Duryea Road
Melville, NY 11747-8824

Implant Direct
62176 Collective Center Drive
Chicago, IL 60693-0621

Internal Revenue Service
Centralized Insolvency Operation
P.O. Box 7346
Philadelphia, PA 19101

NDX Green
1099 Wilburn Road
Heber Springs, AR 72543

New Hope Dental
4400 Stuart Andrew Blvd.
Suite J
Charlotte, NC 28217

Oneview Finance
P.O. Box 911608
Denver, CO 80291-1608

Patterson Dental Supply, Inc.
400 Arbor Lake Drive
Suite A100
Columbia, SC 29223

Remote Technology Services
888 Waterton Ave.
Myrtle Beach, SC 29579

Roche Head & Assoc, PLLC
310 79th Av. North
Myrtle Beach, SC 29572

SC Department of Revenue
P.O. Box 12265
Columbia, SC 29211-9079

SC Dept. of Employment and Workforce
1550 Gadsden Street
P.O. Box 8597
Columbia, SC 29202

Steven E. Lanham
4787 Wild Iris Drive
Unit 103
Myrtle Beach, SC 29577

Ultradent Products
P.O. Box 952648
Saint Louis, MO 63195

Westbrook Dental Lab
3309 Essex Drive
Suite 100
Richardson, TX 75082

United States Bankruptcy Court

District of South Carolina

In re Steven E. Lanham, DDS, P.A. d/b/a Grand Dunes Dental

Case No. _____

Debtor

Chapter ⁷ _____

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

☒ FLAT FEE

For legal services, I have agreed to accept \$ 6,500.00
Prior to the filing of this statement I have received. \$ 6,500.00
Balance Due. \$ 0.00

☐ RETAINER

For legal services, I have agreed to accept a retainer of \$ _____
The undersigned shall bill against the retainer at an hourly rate of \$ _____
[Or attach firm hourly rate schedule.] Debtor(s) have agreed to pay all Court approved fees and expenses exceeding the amount of the retainer.

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of compensation to be paid to me is:

☐ Debtor ☒ Other (specify) Ashley Teague, step daughter

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the Agreement, together with a list of the names of the people sharing the compensation is attached.

5. In return of the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d. [Other provisions as needed]
See Retainer Agreement

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:
See Retainer Agreement

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

10/18/2023

/s/ Christine E. Brimm, SC 6569 / FED 6313

Date

Signature of Attorney

Barton Brimm, PA

Name of law firm
1500 Highway 17 Business North
Suite 214
Surfside Beach, SC 29575-5142

CHRISTINE E. BRIMM
Certified Specialist in Bankruptcy
and Debtor-Creditor Law



BARTON • BRIMM

Mailing Address
P.O. Box 14805
Myrtle Beach, SC 29587

cbrimm@bartonbrimm.com

**1500 Highway 17 Business North
Suite 214**

Surfside Beach, SC 29575

(803) 256-6582

www.bartonbrimm.com

BARBARA GEORGE BARTON
Retired

September 28, 2023

Steven E. Lanham, DDS, P.A.

c/o Steven Edward Lanham

VIA E-MAIL @ selanhamdds@yahoo.com

and teaguekathy@att.net

Re: Agreement for Legal Services

Dear Dr. Lanham:

This confirms the agreement ("Agreement") between Steven E. Lanham, DDS, P.A. (the "Company") and Barton Brimm, PA (the "Firm") pursuant to which the Firm has agreed to represent the Company. The representation pursuant to this Agreement is limited to the preparation and filing of a Chapter 7 bankruptcy for the Company, and representation of the Company during the Chapter 7 case.

The Firm has agreed to represent the Company in a Chapter 7 bankruptcy for a flat fee amount of \$6,500.00 (the "Retainer"), provided that the bankruptcy is filed within three (3) months of the date of this letter. You acknowledge that the Retainer amount may increase if the bankruptcy is not filed within three (3) months. The Retainer is for legal services only and does not include the Chapter 7 filing fee of \$338.00 to be paid to the Bankruptcy Court, or any additional filing fees which may arise during the course of the bankruptcy, or the costs to obtain UCC filings or other records for which the Firm incurs a fee to recover for the Company. Please note that the Bankruptcy Court charges a \$31.00 filing fee to add additional creditors after the original bankruptcy schedules have been filed, and you are responsible for such fee(s) if incurred.

The entire flat fee Retainer amount and the filing fee for a Chapter 7 of \$338.00 must be paid in full before the bankruptcy is filed. At the Firm's discretion, the Retainer will be deposited directly into the Firm's operating bank account and will not be held in the Firm's trust account until earned. The Firm shall send an informational invoice to the Company including a detailed daily description of its time, charges and reimbursable expenses by the fifteenth (15th) day of each month for services performed and expenses incurred during the preceding calendar month. Should the amount of time and expense (other than filing fees and the costs to obtain records) involved in this representation exceed the amount of the Retainer, no further payment will be required, provided that the representation is limited to that described in this Agreement. You have the right to terminate the lawyer-client relationship and discharge the Firm at any time, and the Company may be entitled to a refund of all or a portion of the Retainer, if the agreed-upon legal services are not provided.

You agree that you, on behalf of the Company, will perform fully and conscientiously all of the statutory duties of the debtor under the Bankruptcy Code, and that you will timely comply with all reasonable requests for information or reports requested by the chapter 7 trustee and by the United States Trustee. These duties include gathering and reviewing all of the information necessary for filing a complete and accurate list of all of the Company's creditors, by name and address, in the form for a matrix required by the Bankruptcy Court, a schedule of the Company's assets, a schedule of executory contracts and unexpired leases, the statement of financial affairs, and the statement of business income and expenses, and may include additional schedules and disclosures. You acknowledge that the Company will be required to fill out the forms required for a bankruptcy filing containing the foregoing information.

During the course of this representation, the Firm may require information, documentation or conferences and the Company agrees to provide such information and dedicate such time as may be reasonably requested in order to facilitate maximum benefit from the representation. The Firm agrees to make itself available as reasonably requested by the Company and to provide the Company with information as the representation progresses and as requested by the Company.

Representation pursuant to this agreement does not include representation in the following matters, which are hereby expressly excluded. In the event that the Company desires the Firm to represent it in the following matters, should they arise, a separate written retainer agreement and additional fees will be necessary:

1. Adversary proceedings (including any challenge to the right to a discharge);
2. Appeals;
3. Matters involving material facts not disclosed at the time of this Agreement; and
4. Any other matters or litigation not described herein.

You agree that if the Company decides not to use the Firm's services to file a Chapter 7 bankruptcy, then the Firm shall be entitled to payment for the time spent on this matter, at its hourly rate of \$365.00 for attorney Christine E. Brimm and \$150.00 for paralegal Connie Fraser, plus costs and expenses.

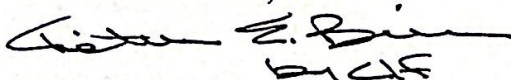
You acknowledge that the Firm has previously entered into an Agreement for Legal Services with Steven Edward Lanham, in his individual capacity, for the filing of a chapter 7 bankruptcy, and that in the course of that representation, it was determined that a bankruptcy filing was also desirable for the Company. Dr. Lanham and the Company each have asked that the Firm represent both the individual and the Company in separate chapter 7 cases. **By your signature at the bottom of this letter, Dr. Lanham acknowledges, both in his individual capacity and in his capacity as representative of the Company, that the Firm is representing both Dr. Lanham and the Company.** You understand that there might be a conflict with the two bankruptcy matters because both the Company and Dr. Lanham are obligors to the same debt in some instances. Despite this conflict, the Firm has indicated that it believes it can provide competent and diligent representation to both the Company and Dr. Lanham, that the concurrent representation is not prohibited by law, and that the representation does not and will not involve the assertion of a claim by one of you against the other. **By signing below, Dr. Lanham confirms that he has given informed consent of the concurrent representation on behalf of himself and the Company.**

The Company previously sent a payment to the Firm in the amount of \$3,588, which will be applied to the Retainer required by this Agreement. The Company agrees to pay the balance of \$3,250, which includes the filing fee, before the Bankruptcy is filed.

Until you execute this Agreement and return it to the Firm, and the Firm countersigns this Agreement below, the Firm is not representing the Company.

Yours Very Truly,

BARTON BRIMM, PA



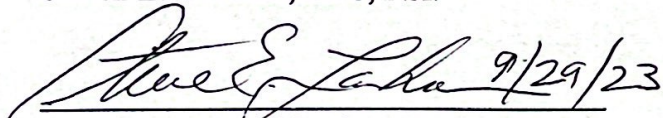
Christine E. Brimm

AGREEMENT FOR LEGAL SERVICES AGREED AND ACCEPTED:

**I agree to the terms of this Agreement,
and I also give my informed consent to
the concurrent representation by the Firm
as set forth herein:**

Steven E. Lanham, DDS, P.A.

BARTON BRIMM, PA



By: Steven Edward Lanham
Its Sole Member

Date

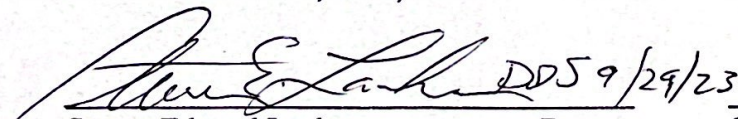
Christine E. Brimm, Esq.

Date

**I acknowledge and agree to the concurrent
representation as set forth herein, and give
my informed consent. I also acknowledge that
the \$3,588 previously paid by the Company will
be applied to the Retainer due from the Company
pursuant to this Agreement, and that I will pay the
balance that I owe to the Firm individually:**

Steven E. Lanham, DDS, P.A.

BARTON BRIMM, PA



Steven Edward Lanham
Its Sole Member

Date

Christine E. Brimm, Esq.

Date